

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026995

STATE FILE NUMBER

7482

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3469a S. Spring			d. STREET ADDRESS 2169 3469a S. Spring		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle J. Last GRAF			4. DATE OF DEATH Month July Day 29, Year 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1886	9. AGE (in years) 71	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter-Retd		10b. KIND OF BUSINESS OR INDUSTRY Johanson Shoe		11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Graf		13b. MOTHER'S MAIDEN NAME Philimen Fasnet	
14. NAME OF HUSBAND OR WIFE Late Julia Graf		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 489-10-6908	
17. INFORMANT Edna Wirthensohn-2626a Virginia Ave		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>422.2</i> DUE TO (c) <i>422.2</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr. 3 months</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>4-2-57</i> to <i>7-29-58</i> and last saw him alive on <i>7-26-58</i> Death occurred at <i>7-29-58</i> <i>5:14</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John D. Smith</i>		22b. ADDRESS <i>3739 Brown</i>		22c. DATE SIGNED <i>7-31-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. STATE Mo.			
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway		25. DATE REC'D. BY LOCAL REG. JUL 31 1958		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William R. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 So. Kingsley*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.